

**Health Savings Account (HSA) Enrollment Form**

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| Account Holder Profile Information |
| First Name: | Last Name: | SSN: |
| Date of Birth: | Email Address: |
| Mailing Address Line 1: |
| Mailing Address Line 2: |
| City: | State: | Zip: |
| Home Phone: | Cell Phone: |
| Gender: [ ]  Male [ ]  Female | Marital Status: [ ]  Married [ ]  Single | Employer: |
| Date of Hire:  | Hours worked per week: | Payroll Frequency: |

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| Election |
| Effective Date: | HSA Election Amount (Per pay period): $ |
| HSA Coverage Level: [ ]  Employee Only [ ]  Family |

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| Dependents (Optional) |
| First Name: | Last Name: | Relationship:  |
| Date of Birth: | Gender: [ ]  Male [ ]  Female | SSN: |
| First Name: | Last Name: | Relationship:  |
| Date of Birth: | Gender: [ ]  Male [ ]  Female | SSN: |
| First Name: | Last Name: | Relationship:  |
| Date of Birth: | Gender: □Male [ ]  Female | SSN: |
| First Name: | Last Name: | Relationship:  |
| Date of Birth: | Gender: [ ]  Male [ ]  Female | SSN: |

1. **Direct Deposit / Banking / Account Setup**

Consumer Health Solutions offers free direct deposit distributions. Printed check distributions will have a fee associated of $2.50 per check.

**After your enrollment has been processed**, please log into the Consumer Health Solutions online portal to add your direct deposit information and accept the Terms and Conditions of the HSA. Login instructions are below in the *Authorization* section of this enrollment form.

A Debit Card will automatically be issued in the account holders name and shipped to the address above. Once the enrollment is processed debit cards will arrive within 10-14 business days.

**Authorization**

[ ]  **I authorize my employer to deduct my HSA contributions from my payroll and forward them to my HSA.**

[ ]  **I understand and authorize that I am:**

* I am at least 18 years old and cannot be claimed as a dependent on someone else’s tax return.
* I am covered under a high deductible health plan (HDHP).
* I am not enrolled in Medicare, including Part A or B.
* I do not have any other non-qualified health coverage.
* I do not have a flexible spending account (FSA) unless it is a limited to pay for dental and vision expenses only.
* My spouse does not have a flexible spending account (FSA) unless it is a limited to pay for dental and vision expenses only.

[ ]  **I understand that HSA has a maximum annual contribution limit set by the IRS. If my employer contributes to my HSA, it will count toward my maximum allowed contribution. I understand that I am solely responsible for determining whether contributions to my HSA exceed the maximum annual contribution limitation. I understand that I am responsible for notifying the custodian, Consumer Health Solutions, of any excess contribution and requesting a withdrawal of the excess contribution together with any net income attributable to the excess contribution. I understand that I can view additional information and contribution limits at** [**www.irs.gov**](http://www.irs.gov)**.**

[ ]  **I understand that after I have been enrolled in the HSA, I need to log into the Consumer Health Solutions online HSA Portal to accept the Terms and Conditions to complete my registration.**

 **Login credentials:**

Your Username will be in the following format:

First letter of your first name, full last name, and your 5-digit zip code (i.e., if your name was John Doe with a home zip code of 02101, your user name would be jdoe02101)

Your First Login Temporary Password will be in the following format:

First Name followed by the last 5 digits of your SSN (i.e., if your name was John Doe and your SSN is 000-45-6789, your password would be john56789)

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| Employee Signature | Employer Signature |

Consumer Health Solutions: Monday—Friday 8:00 AM-4:30 PM EST

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| Speaker phone(877) 230-8650 | EmailHealthAccounts@ConsumerHealthSolutions.com | Fax(978) 451-0981 |



Download the “**Consumer Health Mobile**” App on iPhone or Android to view your balance, use the Eligible Expense Scanner, add direct deposit, and submit claims for reimbursement.